

REGISTRATION APPLICATION

Head Start to 12th Grade School Clothes Gift Card School Year 2021-2022

Lummi Enrolled Student and Contact Information

This form will be used for LIBC internal use only. Information contained on this form is not for distribution to any outside agency or entity.

Student First Name:	MI: _	Last Name:	
Birth Date:/	Grade:	Lummi Tribal Enrollment #:	
Legal Guardian:	Designat	ted Pickup Person:	
Mailing Address:	(City, State, Zip:	
Contact Phone Number: (_)F	Email Address:	
		O Back2school@lummi-nsn.gov acility located behind the Lummi Nation Schoo	ol
		gift card to be mailed [] YES [] NO	
DID YOU RECEIVE A	A GIFT CARD FOR YO	OUR CHILD/REN LAST YEAR CHECK ONE:	
documentation other than [] No - if you haven't receive listed below. Required Documentation Completed Registration Proof of Lummi Enro Proof of 2021-2022 S School registr if applicable Identifying prices.	n just this application. ved a gift card for last s on: (attach appropriat ion Form ollment (Copy of Tribal School Year Registratio ration form OR 2021 Sp ring Custodial Document rimary in parenting plan	l ID, CIB) on pring Report Card	on
guardian, of the Lummi Enrolled misused gift card. I further acknowledge ackno	d child name above. I un owledge that I as the cu	knowledge that I am the parent(s) or legal custodical inderstand that LIBC will not be liable for lost, stoustodial parent/guardian assume full responsibility purpose of school clothes and supplies for the children in the	olen or y for the
By signing, I,enrollment information, student's		permission to my child's above name school to ndance records.	release
By my signature below, I declare	e that all the above state	ements are true and accurate.	
Signature Parent/Legal Guardian		Date	